FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation TONY D	ODD, INC.					
Principal Place of Business Mailing Address						1. 4.4. 0.5. 0.5. 0.5. 0.6. 0.5.
701 EAST COMMERCIAL BLVD			701 EAST COMMERICAL BLVD			
200 Ft. Lauderdale fl 33334		200 Et lauderdale el 3	FT LAUDERDALE FL 33334		DO NOT WRITE IN THIS	SPACE
US		U\$			3. Date Incorporated or Qualified	
				02/26/1990		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0167641	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, otc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		9 Flashia Cassaina Financia	
23			28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zq) Country		y	8. This corporation owes or has paid the cu	
24	25	29	30		· ·	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	Agent
701 St	DD, TONY EAST COMMERCIAL BLVD JITE 200 LAUDERDALE FL 33334		81 82 83	Street Ado	dress (P.O. Box Number is Not Acceptable)	
			84	City	F!	85 Zip Code
office or re agent I an SIGNATURE	egistered agent, or hoth, in the Ston familiar with and accept the ob-	de of Florida, Such change wa ligations of, Section 607,0505, agent and the diapplicank (f	ns authorized b Florida Statute with Registered Ag	y the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
12.		AND DIRECTORS	13. 11 Tillif	Т	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	DODD, TONY		1.2 NAME	}		C Production
STREET ADORESS	701 E COMMERCIAL DR S	TE 200		T ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-			
TITLE		DELETE	2 1 TITLE	****		Change Addition
NAME			22 NAME			
STREET ADDRESS			23 STREE	T ADDRESS		
CITY-S1-ZIP		·	2 4 City	ST - ZIP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			ĺ
STREET ADDRESS				ADDRESS		
CITY-ST ZIP			34 CITY-	ST-ZIP		
THTLE		DELETE	4.1 1JTLE			Change Addition
NAME			4. 2 NAME			}
STREET ADDRESS			B	T ADDRESS		
CITY - ST - ZIP TITLE		DELETE	44 CHY-	51-ZIP		☐ Change ☐ Addition
NAME		_ occur	5.2 NAME			Undaily notified
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			5.4 CITY			İ
TITLE		DELETE	6 1 TITLE	21 - 215		☐ Change ☐ Addition
NAME			52 NAME			
STREET ADORESS				ALIDRESS		ĺ
CHTY-ST-ZIP			6.4 CITY -			}

14. I hereby certify that the information supplied with the filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplies entite and course and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if ctylinged, or on an attrichment with an address.

SIGNATURE:

LONY DOAD

124/98 954-491-1063

May 15 1998 8:00am

Secretary of State